

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/796,976
Filing Date*	March 11, 2004
First Named Inventor	YU
Group Art Unit	1793
Examiner Name	P.A. Wartalowicz
Attorney Docket No.	3230-98

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

		b.	The Information Disclosure Statement (IDS) filed on (date):								
		c.	The Brief/Reply Brief filed on (date):								
		d.	The page(s) of Form PTO-1449 and copy of each listed document filed (date):								
	Ø	e.	Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.								
×	2.	A <u>T</u>	A <u>TWO-</u> month Petition for Extension of Time is filed herewith.								
	3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.								any fees	
123	4.	atta	thorization is hereby given to charge credit card in the amount of \$650 (Form PTO 2038 ached) to cover the Small Entity Filing Fee (\$405) and the Small Entity Extension Fee (\$245). luplicate of this form is enclosed herewith.								
	5.	This	s Reque	est is tra	nsmitted	f by facsimile to number	er (703)				
	6.	Oth	er:								
			TI	HE RCE	FEE IS	CALCULATED AS FO	LLOWS:		Basic Fee:	\$810.00	
	۰ آ	Total C	Claims:	5	- 20	(highest number pre	eviously paid for) =	0.00	X \$18 =	0	
In	depen	dent C	Claims:	3	- 3	(highest number pre	eviously paid for) =	0.00	X \$86 =	0	
Correspondence Address: TROXELL LAW OFFICE PLLC							Multiple Dependen	0			
5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041						1404		\$810.00			
CUSTOMER NUMBER: 40144							50% Reduction if Small Entity Status: \$405.0			\$405.00	
F	hone	e: 70	3-575	-2711	Fa	ax: 703-575-2707			Total:	\$405.00	
-	1		2.000		187 6 BA	Name:	6:-	Millian.			
	1.1.3	35.735,52	Date:			Name.	319	nature:		Reg. No.	



□⊠Duplicate

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1.	Ple	ase	consid	er the	e folle	owing	as the required sub	mission under 37 C	.F.R. §	1.114:	
		a. The Amendment/Reply filed on									
		b. The Information Disclosure Statement (IDS) filed on (date):									
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		d. The page(s) of Form PTO-1449 and copy of each listed document filed (date):									
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	3.	 The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874. 									
×	4.										
	5.	Thi	s Requ	est is	trans	mitted	by facsimile to number	er (703)	_·		
	6.	Oth	er:								
	6.	Oth		HE R	CE FI	EE IS	CALCULATED AS FO	ollows:		Basic Fee:	\$810.00
				HE R	CE FI	EE IS (CALCULATED AS FO	(0.5878355F, 1) # U.S. C. U.S. S.	0.00	Basic Fee:	\$810.00 0
Para di A		「otal (T	-	5.3750			eviously paid for) =	0.00	2.3.3.4.9.303.36.4.4.9	•
Inc	lepenorrespo	Fotal (dent (onden	Claims:	5 3 ss: W OF	FICE	20 3 PLL	(highest number pre (highest number pre	eviously paid for) =	0.00	X \$18 = X \$86 =	0
Inc	respo TRO	dent Conden	Ticlaims:	5 3 ss: W OF	FICE	20 3 PLLO Suite	(highest number pre (highest number pre	eviously paid for) =	0.00	X \$18 = X \$86 =	0
Inc	respo TRO 520 Fal	ondend OXE 05 L Is C	Ticlaims: Claims: Clai	5 3 ss: W OF rg Pi	FICE	20 3 E PLLO Suite 41	(highest number pre (highest number pre	eviously paid for) =	0.00	X \$18 = X \$86 = add \$280.00): Subtotal:	0 0
Con	respondent from the second sec	ondend OXE 05 L Is C	Ticlaims: Claims: Clai	5 3 ss: W OF irg Pi , VA	FICE ike, S 220	20 3 E PLLO Suite 41 ER: 4	(highest number pre (highest number pre C 1404	eviously paid for) = eviously paid for) = Multiple Depender	0.00	X \$18 = X \$86 = add \$280.00): Subtotal:	0 0 0 \$810.00
Con	respondent from the second sec	ondend OXE 05 L Is C	Claims: Claims	5 3 ss: W OF irg Pi , VA	FICE ike, S 220	20 3 E PLLO Suite 41 ER: 4	(highest number pre (highest number pre C 1404	eviously paid for) = eviously paid for) = Multiple Depender 50% Reduction	0.00	X \$18 = X \$86 = add \$280.00): Subtotal:	0 0 0 \$810.00 \$405.00
Con	responder TRO 520 Fall	dent (dent (Claims: Claims	5 3 ss: W OF rg Pi , VA NUI	FICE ike, S 220 MBE	20 3 E PLLO Suite 41 ER: 4	(highest number pred) (highest number number pred) (highest number nu	eviously paid for) = eviously paid for) = Multiple Depender 50% Reduction	0.00 at Claim	X \$18 = X \$86 = add \$280.00): Subtotal:	0 0 0 \$810.00 \$405.00